

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42374

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11294**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. LENGTH OF STAY (In this place) 2 Yrs 5 Mo.		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chroni c Hospital				e. STREET ADDRESS (If rural, give location) 4318 Olive St,			
3. NAME OF DECEASED (Type or Print) Elizabeth		a. (First)		b. (Middle) Morath		c. (Last)	
4. DATE OF DEATH 11- 23- 57.		(Month)		(Day)		(Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 0 WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH January 11, 1876.		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY FACTORY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Jacob Morath		13b. MOTHER'S MAIDEN NAME Rosetta Wirz		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Morath, 4109 Beachwood			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Osteoarthriti INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs. 2 1/2 yrs. 2 1/2 yrs.				19. DATE OF OPERATION 420.0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 23, 1955 , to Nov. 23, 1957 , that I last saw the deceased alive on Nov. 23, 1957 , and that death occurred at 4:20 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.				23b. ADDRESS 5800 Armand		23c. DATE SIGNED 11/25/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-26-57		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL EVANGELICAL CH.		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO	
DATE REC'D BY LOCAL REG. NOV 25 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. L. Tanner, 6107 Natural Bridge			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Robert M. Murray
3749

Licensed Embalmer No.

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.